

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/29/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

CE		cate holder in lieu				oles may require an end		71 State		Commodic does not		inglito to the	
PRODUCER								CONTACT ROBSON BUNDA					
WCD, INC. DBA							PHONE (A/C, No, Ext): 808 534-7304 FAX (A/C, No): 808 52				21-5995		
JOHN H. CONNORS INSURANCE AGENCY								E-MAIL ADDRESS: RBUNDA@CONNORSHAWAII.COM					
		500 ALA MOA	ANA BLVD, #303				INSURER(S) AFFORDING COVERAGE				NAIC#		
		HONOLULU,	HAWAII 96813				INSURER A: ISLAND INSURANCE COMPANY, LTD.				22845		
INSU	RED						INSURE	R B :					
	MAUI WASTE SERVICES,							INSURER C:					
	MAUI DISPOSAL CO., INC.							INSURER D:					
	P.O. BOX 30968						INSURER E:						
	HONOLULU, HI 96820							INSURER F:					
	COVERAGES CERTIFICATE NUMBER:												
IN CE EX	DICA ERTIF	TED. NOTWITHST	ANDING ANY REG SUED OR MAY P	QUIRE ERTA OLICI	EMEN [*] IN, T ES. LI	ANCE LISTED BELOW HAVE F, TERM OR CONDITION OF THE INSURANCE AFFORDED MITS SHOWN MAY HAVE BEI	ANY C	CONTRACT OF HE POLICIES UCED BY PAID	R OTHER DOO DESCRIBED H CLAIMS.	CUMENT WITH RESPECT	TO WH	HICH THIS	
INSR LTR		TYPE OF INSU	RANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	ITS		
Α	Х	COMMERCIAL GENER	RAL LIABILITY	X		ILA9701336-17		04/24/19	04/24/20	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE	X OCCUR			A STATE OF THE STA				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
										MED EXP (Any one person)	\$	5,000	
										PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE	\$	2,000,000	
	Х	POLICY PRO-	LOC							PRODUCTS - COMP/OP AGO	\$	2,000,000	
		OTHER:									\$		
Α	AUTOMOBILE LIABILITY					ITP9701338-17		04/24/19	04/24/20	COMBINED SINGLE LIMIT (Ea accident)	\$		
	X ANY AUTO					N ST. IZ STATES AND IN INSERT SEN TOURS		C. S. Martiner (C. M.		BODILY INJURY (Per person)	\$	1,000,000	
		ALL OWNED AUTOS	SCHEDULED AUTOS							BODILY INJURY (Per acciden	t) \$	1,000,000	
		HIRED AUTOS	NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	500,000	
										•	\$		
Α	Х	UMBRELLA LIAB	X OCCUR			PUA9701339-17		04/24/19	04/24/20	EACH OCCURRENCE	\$	5,000,000	
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	5,000,000	
		DED RETENTIO	N \$								\$		
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE					IWA9701337-17		04/24/19	04/24/20	PER OT STATUTE	-		
							100 (0000) 100 (0000)	500 20000000000000000000000000000000000	E.L. EACH ACCIDENT	\$	500,000		
	OFFI (Man	ICER/MEMBER EXCLUI Idatory in NH)	R/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOY	E \$	500,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMI	г \$	500,000	
DESC	RIPT	ION OF OPERATIONS /	LOCATIONS / VEHIC	LES (/	ACORE	101, Additional Remarks Schedu	ıle, mav b	e attached if mo	re space is requi	red)			
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												

REFERENCE: TMK 92) 3-8-007:102 (POR.) LUC DOCKET NO. SP94-387

THE COUNTY OF MAUI, STATE OF HAWAII AND CONSOLIDATED BASEYARDS, LLC ARE NAMED AS ADDITIONAL INSUREDS (CGI2011 11/04) AS RESPECT TO LIABILITY ARISING OUT OF USE OF PROPERTY LOCATED AT: 280 IMI KALA ST., WAILUKU, MAUI HI 96793 UTILIZED AS A BASE YARD BY THE NAMED INSURED, BUT ONLY TO THE EXTENT SET FORTH IN THE GENERAL LIABILITY POLICY PROVISONS.

CERTIFICATE HOLDER	CANCELLATION					
STATE OF HAWAII, LAND USE COMMISSION DEPT. OF BUS., ECON. DEV. & TOURISM P.O. BOX 2359	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
HONOLULU, HI 9804-2369	AUTHORIZED REPRESENTATIVE LUCY BUSINESS AUTHORIZED REPRESENTATIVE					